

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17699

FILED JUN 12 1951

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3050 Registrar's No. 104

0923

0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST JOHNS 4211</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3309 BROWN 1</u>	
3. NAME OF DECEASED a. (First) <u>FELICIA</u> b. (Middle) <u>MCCARTY</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-51</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WH</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WID</u>	8. DATE OF BIRTH <u>FEB 15-1894</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	13a. FATHER'S NAME <u>Charles Aubuchon</u>	13b. MOTHER'S MAIDEN NAME <u>MARTINEK not known</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHAS MCCARTY Overland Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 15, 1951</u> , to <u>June 4, 1951</u> , that I last saw the deceased alive on <u>June 4, 1951</u> , and that death occurred at <u>1:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Eugene J. Canty, M.D.</u>		23b. ADDRESS <u>St. Charles, Mo</u>	23c. DATE SIGNED <u>6-4-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>6-4-51</u>	REGISTRAR'S SIGNATURE <u>Franice Blumel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>284 F. W. HOME 9226 BACKLAK</u>	

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE No. 4
File No. _____

JUN 9 1951

RECEIVED

OCT 30 1951

JUL 17 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed El C Ostrmann

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.